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STATEMENT CLAIMING SMALL ENTITY STATUS
(37 CFR 1.27(a))-SMALL BUSINESS CONCERN

DOCKET NUMBER: 3287.1005-000

Applicant or Patentee: Brian Leyland-Jones
Application or Patent No.: 10/607,848
Filed or Issued: June 27, 2003
Title: INDIVIDUALIZATION OF THERAPY WITH ANTICOAGULANTS

I hereby state that I am

- ☐ the owner of the small business concern identified below:
☒ an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF SMALL BUSINESS CONCERN Xanthus Life Sciences Inc.
ADDRESS OF SMALL BUSINESS CONCERN 225 Avenue President Kennedy, Suite PK-5660
Montreal, Quebec City H2X 3Y8, Canada

I hereby state that the above identified small business concern qualifies as a small business concern as defined in 13 CFR Part 121 for purposes of paying reduced fees to the United States Patent and Trademark Office. Questions related to size standards for a small business concern may be directed to: Small Business Administration, Size Standards Staff, 409 Third Street, SW, Washington, DC 20416 or you may call 202-205-6618.

I hereby state that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention described in:

- ☐ the specification filed herewith with title as listed above.
☒ the application identified above.
☐ the patent identified above.

If the rights held by the above identified small business concern are not exclusive, each person, concern or organization having rights in the invention must file separate statements as to their status as small entities. No rights to the invention are held by any person who would not qualify as a person under 37 CFR 1.27(a)(1), or by any concern which would not qualify as a small business concern under 37 CFR 1.27(a)(2), or a nonprofit organization under 37 CFR 1.27(a)(3).

Each additional person, concern or organization having any rights in the invention is listed below:

- ☒ no such person, concern, or organization exists.
☐ each such person, concern, or organization is listed below.

Separate statements are required from each named person, concern, or organization having rights to the invention stating their status as small entities.

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.27(g)(2))

NAME OF PERSON SIGNING Jesse Paterson

TITLE OF PERSON IF OTHER THAN OWNER Senior Director, Intellectual Property

ADDRESS OF PERSON SIGNING 225 President Kennedy, Suite PK-5660, Montreal, Quebec, H2X 3Y8, Canada

SIGNATURE  DATE November 10, 2003



DOCKET NO. 3287.1005-000

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Declaration for Patent Application

[] Supplemental (37 C.F.R. §1.67)

As a named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated next to my name;

I believe I am the original, first and sole inventor (if only one name is listed) or an original, first and joint inventor (if plural names are listed in the signatory page(s) commencing at page 2 hereof) of the subject matter which is claimed and for which a patent is sought on the invention entitled

INDIVIDUALIZATION OF THERAPY WITH ANTICOAGULANTS

the specification of which (check one)

- [] is attached hereto.
- [X] was filed on June 27, 2003 as United States Application Number 10/607,848.
- [] was filed on [PCT Filing Date] as PCT International Application No. [PCT Appl'n No.] [OPTION and assigned United States Application No. []].
- [] and was amended on [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119 or 365 of any foreign application(s) for patent or inventor's certificate, or of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed:

<u>Prior Foreign Application(s)</u>			Priority Not Claimed	Certified Copy Filed?	
				YES	NO
<u>(Number)</u>	<u>(Country)</u>	<u>(Day/Month/Year filed)</u>	[]	[]	[]
<u>(Number)</u>	<u>(Country)</u>	<u>(Day/Month/Year filed)</u>	[]	[]	[]
<u>(Number)</u>	<u>(Country)</u>	<u>(Day/Month/Year filed)</u>	[]	[]	[]

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole

or first inventor Brian Leyland-Jones

Inventor's Signature  Date Nov 10/03

Residence 80 S.W. 8th Street, Suite 200
Miami, Florida 33130

Citizenship U.S.A., Great Britain and Canada

Mailing Address Same as above

Full name of second joint

inventor, if any _____

Inventor's Signature _____ Date _____

Residence _____

Citizenship _____

Mailing Address _____

Full name of third joint

inventor, if any _____

Inventor's Signature _____ Date _____

Residence _____

Citizenship _____

Mailing Address _____

Full name of fourth joint

inventor, if any _____

Inventor's Signature _____ Date _____

Residence _____

Citizenship _____

Mailing Address _____

